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WOOD (W.M.)

R E P O R T

UPON THE

RANK OF THE NAVAL MEDICAL STAFF.

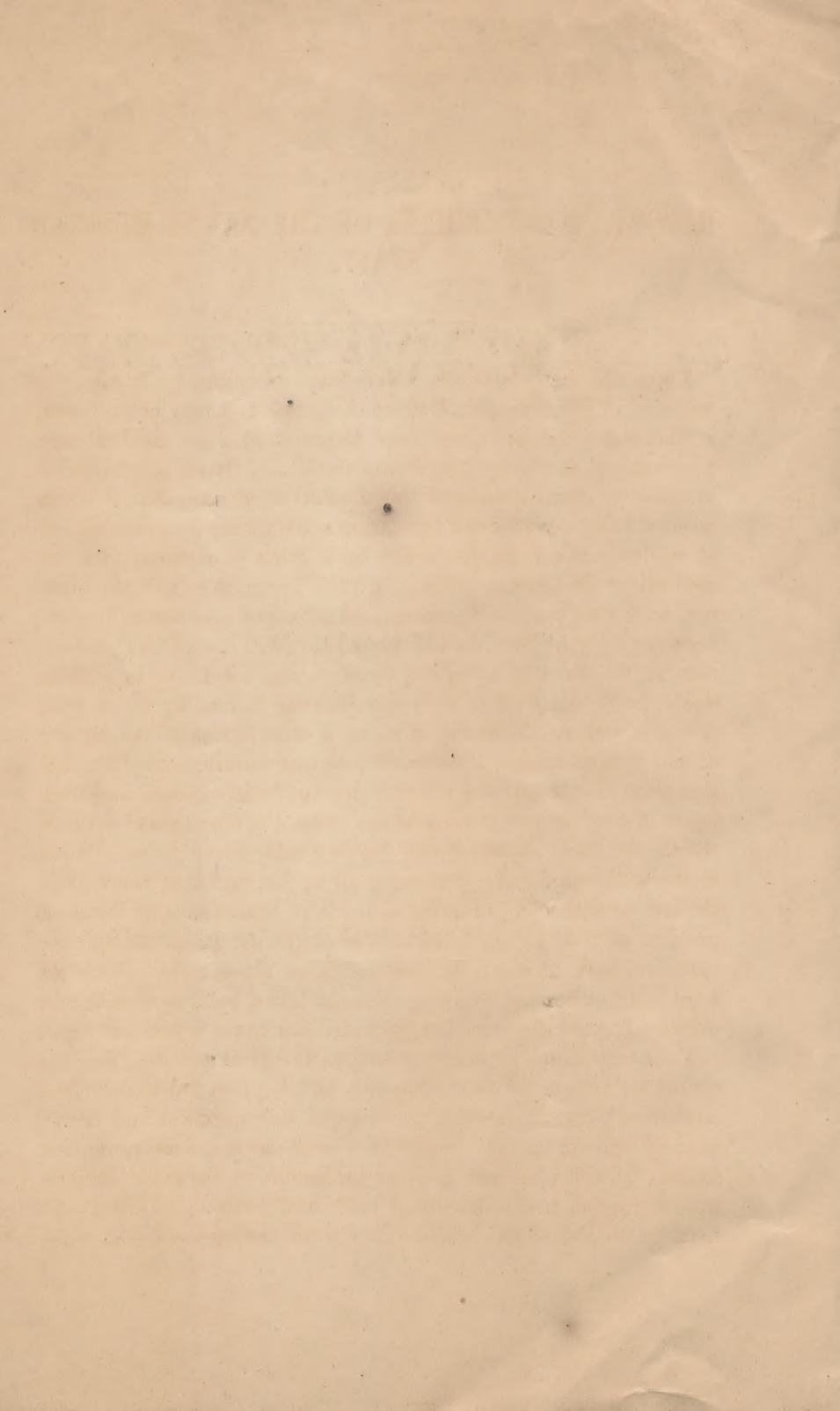
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W. M. WOOD, M.D.
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EXTRACTED FROM THE
TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.
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REPORT UPON THE RANK OF THE NAVAL MEDICAL STAFF.

FROM the many subjects which must of necessity engage the attention of the American Medical Association, it may be supposed, at first sight, that the question of the rank of a few medical men now engaged in the naval service of the United States is not entitled to enlist the consideration of this medical congress. But if it can be shown that our national legislation and existing usages in regard to medical officers are pervaded by a spirit of contempt for the medical profession and outrage of their honor, then will the question which we present be recognized as one of paramount importance not only by this learned association, but by all the medical men in the country, to whom, through you, we desire to address this appeal; and neither they nor you can fail to do all in your power to redress the wrong, without a compromise of the dignity of the profession and a sense of personal humiliation. We feel that we are in the midst of the chivalry and independence, and high honor of our fraternity, and that the prompt sympathy and support which our cause demands will be cheerfully given to us. What is due to the credit of our cause is all we ask, and that you will be the last to withhold. You have never, in other times, in the most pressing of your duties, failed to offer us the aid we sought, and we, therefore, look to you with renewed hopefulness now. What we want is a fair hearing of our grievances, and a bold, persistent, and united advocacy of our claims, provided our cause is just and right.

Your Committee propose to show, as briefly as possible, that the claims we have upon your sympathy and support are higher than any mere personal interest we have in this question, and consequently demand the most respectful consideration and the promptest action. If the members of your profession, in the naval service, were left as free to establish their individual position, by either personal or official merit, in accordance with the unquestioned value

of the duty performed, as those who are in civil life, there would be no necessity for an appeal to others to redress their wrongs. This is not the case, however. For the very fact that we are your representatives, medical men, is made the occasion of our degradation. For no other reason that human ingenuity can discover, are we deprived of those decent privileges which belong of right to the humblest social position which a gentleman can be called to occupy. Your Committee are satisfied that they are not stating the case too strongly, and this they will now proceed to prove.

The spirit that has thus far pervaded American military usages and legislation in reference to naval medical men, seems to be derived from the days of barbarism, when the "Leech" was the menial servant of some unlettered chief; and is it a matter of surprise that we should ask you to remand it back to its enlightened source, and relieve us of the odium under which we are now resting? Surely it is unworthy of this age to continue to treat the medical officer as the plebeian inferior to a chief, however cultivated and accomplished he may be, since it can be demonstrated that in no department of the service have the moral and intellectual qualifications of a corps been proportionably raised.

In the minds of many who take words for ideas, certain cant terms imply and keep up this impression of inferiority and vassalage. To call a medical man a non-combatant, has been thought to be the strongest argument against any claim he may advance. And yet every naval officer knows that so far as such a phrase implies that the medical officer is not exposed to the risks and hazards of battle, it is flagrantly false. On shipboard there is no place of security, even for those whose security is a necessity. It is not so much the officers and the men who are the objects of the missiles of war, as the vital parts of the ship. It is the heart at which the fire is directed. During the first two years of our blockade of the coast of the Carolinas, the only commissioned officers killed were medical officers; and in the action between the Merrimac and the Minnesota, the only shell which came below the gun-deck tore open the berth-deck into the cockpit, and by the concussion knocked down one of the medical officers and wounded in its track more men than were wounded in all the action on the upper decks. But are the risks and hazards of the battle the only true criterion of merit in an officer; and are they alone worthy of recognition by the government he serves? So far from it, they are not even the highest duties of a line officer, nor are they to be adopted

as the standard of the measurement of his ability. In these he may find superiors among the rank and file of the ships' company. The success of a commanding officer does not depend upon his exposure, but upon his skill, his weight of brain, and moral power, his ability to keep up the discipline of his ship, and prepare for every emergency. Why then should the risks and hazards be made the standard of measurement to the medical corps! The administration of a naval medical charge requires an education of the highest finish, and an experience peculiarly its own. Its duties are not discharged by a mere prescription, or an operation in surgery. They range higher, and reach results infinitely more important. At sea they are multiform; and on shore they are such as are only confided to honorable boards, or state and municipal officers. On the medical officer depends the efficiency or inefficiency of fleets in peace and in war. True it is that in these things, which give *éclat* to an officer of the line, the medical officer can have no participation. His is the calm quiet sphere of duty in which there is no room for dramatic display. The failure to make an official recognition of public duties, because they are in their nature quiet and unobtrusive, is more than an injustice. It is to some extent an evidence of an imperfect civilization.

When the foundation of the Legion of Honor was under discussion, it was proposed that it should be confined exclusively to military men. The first Napoleon combated such a narrow and invidious policy. "Such ideas," said he, "might be more adapted to the feudal ages, when the chevaliers combated man to man. What is it now which constitutes a great general? The habit of foresight, the power of calculation, in a word, civil qualities such as are found in a knowledge of human nature. The general who can now achieve great things is he who is possessed of shining civil qualities."

"The tendency of military men is to carry everything by force, the enlightened civilian, on the other hand, elevates to a perception of the general good. The first would rule only by despotic authority. The last subject everything to the test of discussion, truth, and decision. I have no hesitation, therefore, in saying that if a preference was to be awarded to one or the other, it belongs to the civilian."

Those views of the great Napoleon, which are eminently wise and just, do not seem to have impressed themselves on the constituted authorities. In no conflict in which our country has been

ever engaged has there been a whisper of suspicion against any of your brethren in the naval service, on the score of a neglect of duty, or a shrinking from the hazards of battle, or, what is infinitely more to be dreaded, from the pestilence and plague. They have gone beyond the calls of duty to encounter those hazards. During the siege of Charleston, it was reported by Admiral Dahlgren to the department, that Assistant Surgeon Longshaw, of the Nahant, volunteered, with two sailors, to carry a line to the Lehigh, grounded, under the fire of the batteries in Charleston harbor, and did it. Subsequently this gallant officer lost his life while performing duty on the field of battle. The following extract from the official report of the late Dr. Whelan, the chief of the Naval Medical Bureau, offers testimony honorable to your brethren in the naval service pertinent to this report, and your Committee believe gratifying in all but its fatalities to this body.

He says, "I deem it not only a grateful office, but a positive duty to bear testimony to the faithful and efficient service of medical officers of the navy since the outbreak of the war. In consequence of their comparatively small number, their service has been more continuous than has fallen to the lot of most others, from the inability of the department to afford timely relief or even much interchange of station."

"The war brought its trials and novelties to the medical officer as to those of other grades, and it affords me the highest satisfaction to state, as I think I can do with entire truth, that as a body they have proved themselves equal to every emergency; indeed it is remarkable that the long interval of peace in which most of them had grown up found one and all so fully prepared for all the contingencies of battle. Not only have they served efficiently on ship-board, but the calls of the army, whenever made, have been promptly and cheerfully answered. During the year two young officers of promise, Assistant Surgeons J. H. Gottwold and Edward A. Pierson, were killed in battle, eleven were taken prisoners by the enemy, seven have been exchanged, four are still retained."

Such is the record of the duties and responsibilities, the risks and hazards of your naval representatives. The whole country has seen what richly-deserved honors have been heaped on the officers of the line, how rapid has been their promotion, and how new grades have followed in the track of their brilliant achievements, while in the army even medical officers have had the compliment of brevet rank. But in the navy, not one medical officer has re-

ceived the slightest acknowledgment or distinction at the hands of the country. This negative mortification, the result of the neglect experienced, is of little consequence, however, compared with the position and aggressive annoyances to which they have been subjected, and which it is our duty to expose.

It will be remembered that after a long struggle against prejudice and misconception, numbers, and power, the medical corps, by the aid of this Association, won from both the legislative and executive branches of the government an established nominal rank. And yet the acknowledgment of the true principle was not the full measure of the justice; the smallest possible relief was extended to our corps. At that time the highest rank known in the navy was that of captain, equivalent to that of colonel in the army. The next rank below it was that of commander, and nominally the rank of the Senior Surgeons was assimilated with that of commander, leaving their highest rank the second known to the service. Since then the rank of commodore, rear-admiral, vice-admiral, and admiral, has been given to the officers of the line, and the senior medical officers nominally advanced to the rank of captain, so that the apparent position relatively reduces them three degrees, leaving them now the fifth, instead of the second, in the naval scale.

It is not, however, so much the nominal rank which makes the greatest wrong in our case, as the fact that it is a grant only in form and not in substance. The higher the title, the greater the satire upon our profession, for its destitution of all those practical advantages which the same title confers on officers of the line is its most taunting insult.

This can only be made clear by a brief statement of the domestic arrangements on shipboard life, and its bearing on medical officers, which is in disgusting incongruity with the whole theory of nominal rank.

Our service is overgrown with usages which sprung up in the earlier and ruder ages of naval life, and still cling to it with a power and tenacity which almost defy modern enlightenment, progress, and even law. It is probable that the national authorities, which authorized the existing rank of medical officers, intended to confer a more substantial fact than the usages of shipboard life have permitted.

Among the usages of the service is that which limits and restricts an officer's rights and comforts to the apartment in which he messes, even though his rank actually entitles him to higher

privileges and greater comforts than belong to those of an inferior rank, who make up the majority of the inmates of that apartment. The steerage is the most humble of those apartments, and is the dwelling place of the very young, or those of no responsibility. The wardroom gathers in it most of the commissioned and some warrant officers, and was originally occupied by none of higher rank than lieutenants. All its usages and government are still conformed to the scale of that grade. Now make a medical officer in name an admiral, and leave him to be a wardroom officer, and the title becomes ridiculous. It is sunk below the usages and restrictions originally designed for those of junior years and inferior rank.

There is only one mess which is superior to these trivial restrictions, and that is the mess or messes of the commanding officers and their associates, who may range in rank from a lieutenant-commander to an admiral. Sometimes there is one, sometimes there are two of these messes. This is very properly left to the will of the commander-in-chief, who may choose that he and his captains may have one or separate establishments.

The assistant surgeon enters the service with the rank of "master." That this title may not be misunderstood, it may be necessary to explain, that it is the lowest rank in the wardroom, for the incumbent is in modern times generally a graduate of the naval academy, awaiting his promotion to a lieutenancy. Like the master, the assistant surgeon at once becomes a member of the wardroom mess, and, unless the number of partitioned-off sleeping berths contained in the wardroom are occupied by his seniors, he may have the good fortune to occupy one of those ventilated and dimly lighted by an air-port of six inches diameter. This space is so restricted, and the separation from the common apartment is so slight, that words in an ordinary voice in either become common property. It is not possible to express, to those who know nothing of ship life, the luxury of a state-room.

With youth and all its hopes, the novelty of naval life, the promise of new scenes and adventures, the companionship of those of congenial tastes and correspondent ages, all to the young medical officer is rose-colored. But, as years roll away, this subjection to petty rules and restrictions, without a place or an hour of privacy, becomes painful beyond the conception of those who have not experienced it.

The line officer passes beyond and above these things before he has lost the compensation of youth and novelty. His tenancy

closes with his career as a lieutenant, or at most that of a lieutenant-commander, the seventh in degree from the highest rank. Even in this grade he may make only one cruise as the executive officer of a large ship, or continue for a brief period in the wardroom on some special and temporary duty.

But more often from the time he becomes a lieutenant-commander, he has the independence of his own cabin. His comforts and conveniences increase as he advances in rank, and through all coming years he is the associate of those of corresponding position and age.

When we turn to medical officers the contrast is very great. As assistant surgeon, passed assistant surgeon, surgeon, and fleet surgeon, he has had the assimilated rank of master, lieutenant, lieutenant-commander, commander, and captain; but with all these lapsing years, increasing rank and responsibilities have brought no practical change in his shipboard existence. His sleeping berth or room may be a few feet further forward than it was when he was an assistant surgeon, thirty or forty years before. It is the same, however, he occupies as a fleet surgeon. He is still the wardroom officer, subject to the same restrictions that fettered him when he was new to the service, and in training for its duties. With the failing eyesight of increasing years, the clerical duties of his position are to be performed, even in the daytime, by candlelight in this cell, while probably there are in the air and light of the upper deck ample rooms devoted to the pantries, water-closets, bath-rooms, and domestics of the commanding officers.

An humble though striking illustration of the domestic life of the medical officer on shipboard and its contrast with that of the line officer is shown by the fact that, should the Doctor feel inclined to solace his cares by a pipe or cigar, he must do so, no matter what his age or rank, or the state of the weather, in the bow of the ship, among the chicken-pens and pig-sties, or hovering among the cooks over the galley or cooking stove. At the other end of the ship those who entered the naval service with him, or perhaps years since he did, and who may be not only his juniors in rank, but young enough to be his children or even his grandchildren, are free to enjoy the same indulgence in the privacy and comfort of their own cabin, and, if need be, by the warmth of their own fireside.

Such a contrast might have been seen during our late unhappy war, when, during the most inclement wintry weather on our coast an old fleet surgeon was limited to such comfortless and degrading restrictions, whilst by the three commanding officers this luxury

was enjoyed in their own cabins in the same ship. The first, the commander-in-chief, was the nominal junior of the medical officer; the second had been a midshipman in a squadron of which this medical officer was fleet surgeon twenty years before; and the third was not born until years after the Doctor had been actually engaged in the naval service. Could such a scene as this be imagined in any civilized association, where the ordinary influences of decency and propriety were left free to act? And yet there is no medical name known to this Association which officially, in the naval service, would have any higher privileges.

Whilst the medical officer has thus been growing old amid the restrictions of the wardroom, the young gentlemen who started with him have gone up to the rank of commodores and admirals; so that with each cruise he finds himself in the midst of a younger, and a still younger association, each in turn leaving him behind. It is no disparagement to the gentlemen themselves, but it is nature's law that, however agreeable they may be, there is a want of congeniality between the sentiment, the tastes, the impulses, and topics of conversation of those so widely separated by years, and in an apartment where there is no privacy amid incipient guitar, flute, and banjo-players, the old fleet surgeon may well wish himself a boy again, or in some other region.

A very marked discrimination is made against senior medical officers in the laws upon prize money. The general law is that no officer shares in prize money, unless his name be borne upon the books of the vessel making the captures; but the admiral or commander-in-chief has a percentage upon all prizes made. The fleet surgeon, as a member of the commander-in-chief's staff, must be with him in the flagship, and, as a rule, at the post of greatest risk, responsibility, and hazard; consequently he is not likely to have his name borne upon the books of the subordinate vessels making captures, and yet no share of prize money is allowed him. Fleet surgeons have been authorized by law for thirty-nine years, and yet no provision has been made for a share of prize money accruing to squadron officers, but a few years ago fleet captains were for the first time authorized and at once provision was made for their sharing in the squadron captures. In a squadron in which the admiral's share of prize money was one hundred thousand dollars, the fleet captain, a young lieutenant-commander, had his share, and the fleet surgeon, an officer of over thirty years' service and of higher nominal rank than any other officer of the squadron, was not entitled to and did not

receive one cent. This subject is alluded to not for its pecuniary interest, but as another illustration of the marked discrimination between line and medical officers. Such being the actual condition of a medical officer in the navy, a condition diminishing with increasing years, responsibilities, and rank, their appropriate rewards and privileges; what are the remedies? Few, simple, just, all of them within the power or the influence of this Association to effect.

Let the rank given to medical officers be real and correspondent to its name and degree, as is the case with line officers; and let it be proportioned to length of service and responsibility. So far as the interests of the service may not positively forbid, place medical officers under the command of their seniors only, or if from the exigencies of the service this may at times be inexpedient, let them as surgeons of single ships be subordinate and responsible only to the commanding officer of the ship, and as fleet surgeons to the commanding officer of the squadron.

After they have reached the rank of commander, or are filling the position of fleet surgeon, let them be by right, as they often have been by courtesy, members of the cabin mess. If the mess of the commander-in-chief be too exalted a social position for the members of your profession, who are filling the important position of fleet surgeon, then let them be members by right of the mess of the commander of the ship, and the fleet captain. In most instances they will be younger in age and lower in rank than the fleet surgeon. These few, simple, wise, and just arrangements are within the will of the navy department, and can be effected at any moment.

An equitable arrangement of prize money most important in principle, your Committee hope to see effected. It will, however, require future legislation.

If it should be thought that in these views the medical profession is asking something novel and unusual, we call your attention to the remarkable fact that, among the aristocracies and under the royalties of Europe, much higher acknowledgments are made to the value and honor of your profession. In the British navy, medical men are advanced to the rank of rear-admiral; and before the reforms which were introduced into the military services of Great Britain, Lord Dalhousie, Governor General of India, remarks upon the subject: "It is impossible to imagine what serious justification can be offered for a system which, in respect for external position, postpones service to inexperience, age to youth, a system

which treats a member of a learned profession, a man of ability, skill, and experience, as inferior to a colonel of cavalry, just entering on the study of the pay and audit regulations; a system which thrusts down gray-headed veterans below beardless boys."

In the French navy, promotion extends to the rank of rear-admiral, and the fleet surgeon not only messes with the commander-in-chief, but the government pays his mess bill in addition to his regular pay.

In the Spanish navy, medical officers are eligible to the highest rank and honors.

In democratic America alone is your profession legislated into inferiority.

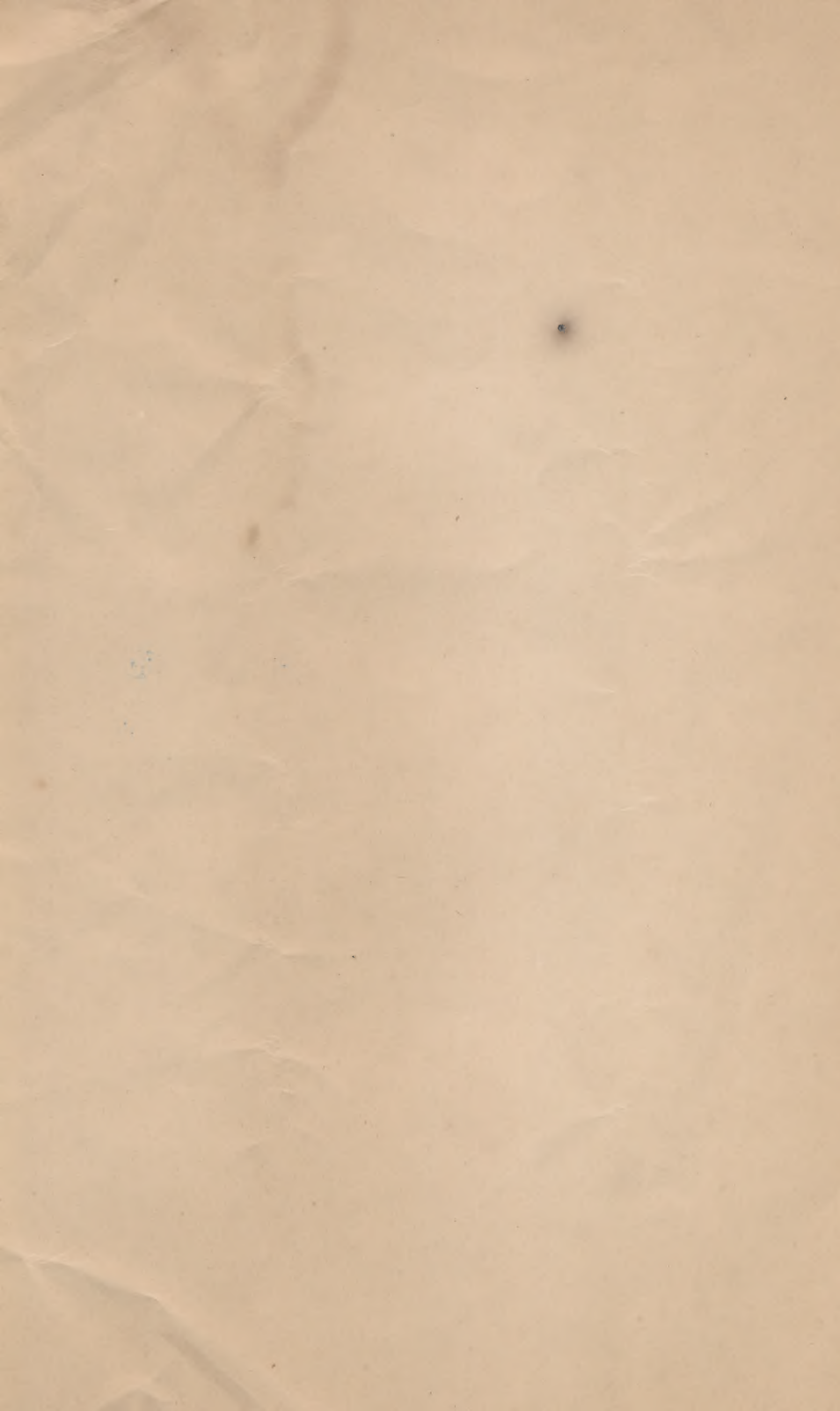
It would be unjust to our brethren of the line if this report was construed as charging this false position of medical officers upon their action or hostility to our rights. On the contrary, the most intelligent and liberal-minded officers of the service recognize and deplore the position of medical officers. There are, unfortunately, others, who imagine that they have no rights of their own, unless they possess the power of trampling upon others, but while those who give us their good opinion are satisfied with doing so passively, those who are hostile to us are active and aggressive. It is natural that those brought up under the power and prejudices of an institution, would carry out the behests of that institution, as a duty, even contrary to their opinion of right.

The late Admiral Foote, so justly distinguished for his large minded liberality, professional skill, and undaunted courage, advocated the highest rank for naval medical officers. An admiral among the most distinguished in the service has authorized it to be officially said that he thought the fleet surgeon should, in our service, as in the French, be a member of the commander-in-chief's staff and family.

Such, gentlemen, is the present condition of our profession in the United States navy. We respectfully suggest that, however undesigned, it is inconsistent with the respectability that should ever characterize a profession, which in point of intelligence, usefulness, and moral elevation, is second to no other, however exalted that other may be. We regard it as opposed to the public interest of the service, which can never be sacrificed to gross indignity without detriment. We regard it as offensive to personal self-respect, which no class of men should be required to forfeit. It is condemned by common sense, common decency, common justice, and

is as repulsive to the feelings of the most distinguished of our naval service as it must be to you. Does it find more favor with you? Does it excite less indignation in you? Will it be less emphatically resisted by you than by us? The whole power and influence of the profession should be brought to bear, and, if earnestly exerted, the wrongs we complain of will be redressed, our honor vindicated, while the just rights of the line officers will be in no sense invaded.

Your Committee press this question upon your attention at this time, not so much from any personal interest they have in it, as from their allegiance to the profession.





Stephen R. C. Dean
Cauden
New Jersey